

City of Rosenberg HVAC PERMIT APPLICATION

Permit No.: _____

2220 4th Street, Rosenberg, Texas 77471
Telephone: 832-595-3500 Fax: 832-595-3501
Email to registration@rosenbergtx.gov

Inspection Request Line: 832-595-3401; Before 5:30 pm will be scheduled next business day, after 5:30pm will be two business days

Project Address:				
Customer(s):		Phone:		
Contractor Information*:		*Must be registered with the City of Rosenberg		
Company Name:		License No.:		
Primary Contact(s):				
Address:	City:	State	:/Zip:	
Office Phone #:	Fax#:	Cell#:		
Type of Work: Residential Co	ommercial eplacement	□ Alteration/Repair		
Description of Work:				
□ Heating System				
□ Gas – BTU	□ Electric	– KW		
□ Unit Heater (Suspended He	aters, Wall Heaters) B	τυ	<u></u>	
□ Air Conditioning System	Electric – Ampere			
□ Refrigeration Systems BTU				
□ Heat & A/C Combo Systems	s BTU			
□ Vent Hood Systems □ Co	oolers 🗆 Broilers BT	ΓU HP		
	** P	PROJECT VALUATION:		
	Pe	ermit Issuance Base Fee	10.00	
	\$^	10.00 for the first \$1,000	+10.00	
		value divided by \$1,000 = e nearest whole number) x \$2.00	+	
		TOTAL PERMIT FEE \$		
Contractor Signature		Dat	e	

Under no circumstances will paid fees be refunded or transferred. A Penalty Fee of 3x's the Permit Fee will be assessed if work *begins before* the issuance of a valid permit.